

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	2	31		91		181
2	2	3	32		92		182
3	3	4	33		93		183
6	4	5	34		94		184
5	5	8	35		95		185
8	6	9	36		96		186
7	7	13	37		97		187
10	8	16	38		98		188
9	9		39		99		189
	10		40		100		190
11	11		41		101		191
12	12		42		102		192
14	13		43		103		193
14	14		44		104		194
15	15		45		105		195
	16		46		106		196
	17		47		107		197
	18		48		108		198
17	19		49		109		199
18	20		50		110		200
19	21		51		111		201
20	22		52		112		202
21	23		53		113		203
22	24		54		114		204
23	25		55		115		205
24	26		56		116		206
25	27		57		117		207
26	28		58		118		208
27	29		59		119		209
30	30		60		120		210